



APPLICATION FOR GAMBLING BUSINESS REGISTRATION (CGCC – 535)

Please refer to the instructions when completing the application. Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

SECTION 1: APPLICATION (Mark one)

New ☐ Renewal ☐ Temporary ☐

SECTION 2: REGISTRATION CATEGORY (Mark one)

Owner ☐ Primary Owner ☐ Player ☐ Supervisor ☐ Other Employee ☐

SECTION 3a: ENTITY TYPE (refer to Section 3a of the instructions for details)

SECTION 3b: RELATIONSHIP TO PRIMARY OWNER (refer to Section 3b of the instructions for details)

SECTION 4: APPLICANT INFORMATION

Applicant's Full Legal Name:

First	MI	Last
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Other Names:

Applicant's Business Telephone Number:

Applicant's Business Facsimile Number (if applicable):

SECTION 5: PRIMARY OWNER INFORMATION (if applicable)

Primary Owner's Name:

Primary Owner's Mailing Address:

Street	City	State	Zip Code
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Designated Officer's Name:

Designated Officer's Telephone Number:

Designated Officer's E-mail Address:

SECTION 6: DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing information, and all information submitted with this application is true, correct, and complete.

Applicant Signature: _____ Date: _____

Designated Officer Signature: _____ Date: _____